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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity) (37 C.F.R. 1.311)						Docket No. 04200001CB		
Applicant(s): M. Wier								
Application No. Filing Date Exa		Examiner		Customer No.	Group Art Unit	Confirmation No.		
10/661,782 9/15/03		9/15/03	S. Chen		30743	1648	7256	
Inve	ntion: Method	ls for Measurement o	f Lymphocyte Functi	on				
Mail Stop Issue Fee COMMISSIONER FOR PATENTS P. O. Box 1450								
Alexandria, VA 22313-1450								
Transmitted herewith are the following for the above-identified application.  ☑ Issue Fee Transmittal Form PTOL-85								
⊠ issue Fee Transmittal Form PTOL-85  ⊠ Utility Fee: \$730,00 □ Design Fee: □ Plant Fee:								
×	Publication Fe					· iaiit i oo.		
☐ A check in the amount of is attached.								
The Director is hereby authorized to charge and credit Deposit Account No. as described below. 50-2041								
		arge the amount of	\$1,030.00					
	☐ Credit any overpayment.							
	☐ Charge any additional fee required.							
ш	Payment by credit card. Form PTO-2038 is attached.							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit ward information and authorization on PTO-2038.								
(6.01)								
Dated: Dec. 15, 2006								
Signature Michael E. Whitham								
Michael E. Whitham Reg. No. 32,635								
Whitham Curtis Christofferson & Cook, PC								
11491 Sunset Hills Road - #340								
Reston, VA 20190 703/787-9400								
Customer No. 30743								
cc:								
Certificate of Transmission by Facsimile This certificate may only be used if paying Certificate of Mailing by First Class Mail by deposit account.								
	I certify that this document and authorization to charge account is being accinite transmitted to the United States and Trademark Office (Fax on States) on 1 hereby certify that this correspondence is being desposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Mail Stop Issue on Pee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA. 22313-1450] "3T CPR 1.4(8)] on							
	(Date)	remone distributed			(Date)	_•		
	Signature Signature of Person Mailing Correspondence							
	Typed or Pr	rinted Name of Person Sign	ine Certificate		ped or Printed Name	of Person Mailing Co	rrespondence	